



Statement on Mandated Reporting

Staff employed at the Evergreen Youth & Family Services are mandated by law to report all “first hand” information regarding physical, sexual and/or emotional abuse of minors (youth under the age of 18) to Beltrami County Human Services and the Law Enforcement Center. In the event an employee of Evergreen suspects abuse and/or neglect he/she will:

- Complete an Evergreen Youth & Family Services Maltreatment of Minors Report describing the details and nature of the reported abuse and/or neglect.
- The report will be forwarded within one business day to the intake worker at Beltrami County Human Services.
- If the reported abuse constitutes imminent danger to a minor child, Evergreen staff will contact Beltrami County Law Enforcement Center.
- If client reports abuse of child, unborn child, or vulnerable adult (developmentally disabled or elderly); staff will complete a Maltreatment of Vulnerable Adults form.
- The report will be forwarded within one business day to the intake worker at Beltrami County Human Services.
- If client declares that they are going to cause harm to themselves or another person, Evergreen staff will contact Bemidji Law Enforcement Center immediately.

I have read and understand the above information:

Client Signature

Date



Triage Form

Tennessean Warning

Data Privacy Rights for Applicants/Recipients of Program Sponsored By Evergreen Youth & Family Services

YOUR RIGHTS:

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on the application for a program will be used.

THE INFORMATION YOU PROVIDE WILL BE USED TO:

Determine your eligibility for a specific program, which requires sharing information with other Evergreen Youth & Family Services employees. Information gathered will also assist us in identifying other community based resources you may be eligible for.

REFUSAL TO PROVIDE DATA:

You may refuse to provide the data. This may prevent you from obtaining services from certain programs that require the data and our services to you may be limited.

You do not have to provide a Social Security Number to be eligible for our programs. Federal Privacy Act and Freedom of Information Act dictate the use of the Social Security Number. We may use it for computer matches, programs reviews and audits. We will ask you for your Social Security number for these purposes only and will not share that information unless dictated by law.

AUTHORIZATION BY LAW TO SHARE INFORMATION

Evergreen Youth & Family Services is required by law to report aggregate statistical and demographic data on clients to state, federal and other federal monitors. Case files may be reviewed during required site visits.

With your informed consent, we may also share it with community agencies, local and state human service agencies, local government, educational programs, Minnesota Housing Financial Agency, DHS-OEO, DHS Adolescent Services, DHS Supportive Services, LTH, HUD, and other agencies that help you.

By signing this you are acknowledging that you understand your data privacy rights and how information you share with this agency will be used.

Client Signature

Date

Witness Signature

Date

Minnesota's HMIS Release of Information

For: _____
 Print First, Middle, and Last Name (Complete one form for each adult) _____ Date of Birth _____

Your personal information will be collected in Minnesota's HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

Why share your information?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs more quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be shared?

- Family/Household information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

SHARE: I consent to have the information collected about me shared through Minnesota's HMIS with other partner agencies in order to improve services to me and the services offered to others.

DO NOT SHARE: I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

 SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

Please treat information about my children age 17 or younger the same as mine.

Verbal Consent obtained by phone (Agency Staff Signature): _____ Date: _____



Triage Form

Date _____

Legal Name _____

Date of Birth ____/____/____

Preferred Name _____

Age _____

Social Security Number _____-_____-_____

Gender Identity: Male Female Transgender Male/Transman/FTM Transgender Female/Transwoman/MTF
 Does Not Identify as Male/Female/Transgender Additional Category (Please specify) _____

What pronouns do you use? _____

If you are in direct danger, check this box and give to Evergreen Staff immediately.

Many of the questions we ask you are highly personal and we apologize if they are hard for you to answer.

We thank you in advance for taking the time to help us understand your experiences.

Our goal is to understand as much as possible about any trauma you may have experienced so that we can work with you to discuss the services we believe will help you.

*All your personal information is kept **confidential**, unless you give us **permission** to share it.*

*The only **exception** are instances when we believe your health, your life, or another's health or life is at risk.*

Sexual Orientation

Heterosexual (straight) Homosexual Bisexual Questioning/Unsure
 Other _____ Prefer not to answer

How would you describe your race? (Select all that apply)

Am Indian/Alaskan Asian/Pacific Islander Black/African American Hispanic/Latino
 White/Caucasian Other _____

Are you: Hispanic/Latino Non-Hispanic/Latino

Tribal Affiliation? No Yes If yes: Name of Tribe _____

Tribal Enrollment? No Yes If yes: Name of Tribe _____

Contact Information

Phone: _____ Is it okay to leave a message? Yes No

E-Mail: _____

Facebook: _____

Address (street address, city, zip code) _____

What can we help you with today? (Select all that apply)

Adulting Skills Condoms Crime Victim Services Diapers/Wipes
 Employment Food Bag Housing/Rent Hygiene Products
 Legal Help Lunch/Dinner Mental Health Counseling Mouth/tooth pain
 Parenting Skills Safety Concerns Shower Sobriety Struggles
 Use Computers Vehicle Repair Watch TV Wash/Dry Laundry



Triage Form

Do you have a:

Job Yes No Social Security Card Yes No Driver's License Yes No
 Birth Certificate Yes No Diploma or GED Yes No Driver's Permit Yes No N/A
 State ID Yes No Tribal ID Yes No N/A

Safe Harbor

Have you ever had to exchange or trade sex for a place to stay, a ride, food, money, or any other basic need? Yes No
 Have you ever been afraid to quit/leave work due to threats of violence to yourself, family, or friends? Yes No

If you marked YES to a Safe Harbor question,  and give this form to an Evergreen Staff immediately.

Would you like Evergreen staff to contact you regarding Safe Harbor services? Yes No

Education

What is your highest grade level completed? _____ While in school, did you ever have an IEP/504 Plan? Yes No

Dependents

Do you have children under the age of 18 in your care? Yes No If yes, what are their ages? _____
 Are you, or your significant other, currently pregnant? Yes No If yes, expected due date? _____

Health

Do you have current Health insurance? Yes No If Yes, type of insurance? _____
 Are you currently, or have you ever, served in the Armed Forces? Yes No
 Do you have a physical disability? Yes No

Income & Employment

None *Zero income will not hinder eligibility of services*

Employer: _____ Hourly Wage: _____ Hours per week: _____
 MFIP/DWP Yes No If yes, Amount: _____/ month
 GA Yes No If yes, Amount: _____/ month
 Child Support Yes No If yes, Amount: _____/ month
 Social Security Yes No If yes, Amount: _____/ month
 Tribal Income Yes No If yes, Amount: _____/ month
 SNAP Benefits Yes No If yes, Amount: _____/ month
 Source: _____ Amount: _____/ month
 WIC Yes No

Housing

Where did you sleep last night? Own place Family member's Friend's Car
 Shelter Treatment Jail/Prison Streets
 Other: _____
 Do you feel safe there? Yes No
 Do you need to leave your current housing due to violence or abuse? Yes No
 How long can you stay? 0 Nights 1-7 Days 8-15 Days 16-30 Days 1-12 Months Forever
 Are you being asked to leave or "kicked out" of where you are living? Yes No



Triage Form

If yes: If you had more money, would you be allowed to stay?

Yes No

Have you ever slept in a car?

Yes, currently

Yes, in the past

No

Have you ever stayed in a shelter?

Yes, currently

Yes, in the past

No

Have you ever slept "on the streets"?

Yes, currently

Yes, in the past

No

Have you ever lived in a home without electricity or running water?

Yes, currently

Yes, in the past

No

Have you ever lived in a home that was overcrowded and you had to double up rooms or sleep on a couch/floor?

Yes, currently

Yes, in the past

No

Is there enough food in your home to feed you?

Yes No

Have you lived at or left any of these places in the last **3 months**? *(Select all that apply)*

Adoptive home

Foster home

Juvenile detention

County jail/work house

Group home

Mental Health treatment

Drug or alcohol treatment

Prison

Half-way house

Residence for people with physical disabilities

N/A

Have you lived at or left any of these places in the last **6 months**? *(Select all that apply)*

Adoptive home

Foster home

Juvenile detention

County jail/work house

Group home

Mental Health treatment

Drug or alcohol treatment

Prison

Half-way house

Residence for people with physical disabilities

N/A

Life Experiences

Each of these life experience questions are voluntary.

What do you consider your top three strengths?

1. _____

2. _____

3. _____

Name two supportive adults in your life who you've had contact within the last 6 months.

1. _____

2. _____

What has helped you the most through the tough times in your life?

1. _____

Have you experienced any periods of time where you were placed outside of your primary caregivers/ parents' home? Yes No
(Examples: foster care, living with another family member or friend, detention, treatment center, inpatient psychiatric hospital)

If yes, where and for how long? _____

Have you even been in Foster Care (group home, foster family, SAT home)? Yes No

Do you have reliable transportation to get to your appointments?

Yes No

If yes, describe: _____

Have you been to the Emergency Room (ER) in the past year?

Yes No

If yes, how many times? _____

Do you feel sick a lot (physically or mentally)?

Yes No

Do you feel you have struggled with alcohol or drug use?

Yes No

Have you struggled with school attendance or dropped out of school?

Yes No

Have you struggled with behavior or academic issues in school?

Yes No



Triage Form

Have you ever been part of a gang? Yes No
 Have either of your parents spent time in jail? Yes No
 Have you ever been on probation? Yes No
 If yes, are you currently on probation? Yes No

Have you ever felt like suicide was the answer to your struggle? Yes No
 Have you ever attempted suicide? Yes No
 Have you had a parent, close family member, or a friend who has died? Yes No

Have you experienced physical violence or abuse? Yes No
 Have you experienced verbal or emotional abuse? Yes No
 Have you experienced neglect? Yes No
 Have you experienced sexual assault? Yes No
 Have you experienced violence in your family? Yes No
 Have you experienced violence or abuse in your relationships? Yes No
 If yes, are you currently fleeing? Yes No
 Have you experienced bullying or harassment? Yes No
 Have you experienced burglary/robbery/theft? Yes No

If yes, How long ago? _____

Have you experienced the sharing of exposing photos/videos of you without your consent? Yes No
 If you've ever experienced a crime we did not ask about, please explain:

Of all the events we asked about above, please tell us the two events you believe have affected you the most in the past 30 days:

1. _____ 2. _____

Would you like Evergreen staff to contact you regarding Crime Victim's services based on your experiences? Yes No

Chemical Health

Are you interested in help to quit using alcohol or drugs? Yes No
 Have you ever completed a Rule 25 assessment? Yes No
 If you've ever been in treatment (inpatient or outpatient), where and when?

Mental Health

Have you ever:

Had a mental health diagnosis? Yes No Been placed on a 72 hour hold? Yes No
 Been hospitalized for mental health? Yes No Taken medications for stabilizing mental health? Yes No

If yes, and if you are willing to share your diagnosis, please describe: _____

Would you like Evergreen staff to contact you regarding counseling services? Yes No



STOP
END OF APPLICATION
GIVE TO EVERGREEN STAFF FOR REVIEW



Youth Connections Scale

(A) Tools for Youth Connections

	Yes	No
Has a genogram or connectedness map been completed with youth?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Lifebook been created with or for the youth?	<input type="checkbox"/>	<input type="checkbox"/>

(B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that apply for youth at this time.

“Meaningful relationships” are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

Total # of Adult Relationships for Each Category

Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
Adult siblings	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher	
Current or former therapist, counselor or psychologist	
Pastor, rabbi or other spiritual leader	
An adult friend, mentor or sponsor	
Other adults (Please list relationships):	

(C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

Very Weak: No Contact

Weak: Infrequent contact; youth can't count on this adult for support

Moderate: Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time

Strong: Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person

Very Strong: Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed

N/A: Not applicable because adult is deceased or youth has no siblings

	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 (<i>birth, adoptive or step mother or father</i>)	0	1	2	3	4	N/A
Parent 2 (<i>birth, adoptive or step mother or father</i>)	0	1	2	3	4	N/A
Siblings	0	1	2	3	4	N/A
Other adult relatives	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A

(D) Support Indicators: Answer yes or no for each indicator. *These do not have to be from the same adult.*

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

Yes	No	Indicator
<input type="checkbox"/>	<input type="checkbox"/>	Providing a home to go to for the holidays
<input type="checkbox"/>	<input type="checkbox"/>	Providing an emergency place to stay
<input type="checkbox"/>	<input type="checkbox"/>	Providing cash in times of emergency
<input type="checkbox"/>	<input type="checkbox"/>	Help with job search assistance or career counseling, or providing a reference for youth
<input type="checkbox"/>	<input type="checkbox"/>	Help with finding an apartment or co-signing a lease
<input type="checkbox"/>	<input type="checkbox"/>	Help with school (<i>homework, re-enrolling in school, help in applying to colleges</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning
<input type="checkbox"/>	<input type="checkbox"/>	Providing storage space during transition times
<input type="checkbox"/>	<input type="checkbox"/>	Emotional support – a caring adult to talk to
<input type="checkbox"/>	<input type="checkbox"/>	Sharing in or supporting experiences of youth’s cultural and spiritual background
<input type="checkbox"/>	<input type="checkbox"/>	Checking in on youth regularly – to see how they are doing
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with medical appointments so youth does not have to experience that alone
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with finding and accessing community resources.
<input type="checkbox"/>	<input type="checkbox"/>	A home to go for occasional family meals
<input type="checkbox"/>	<input type="checkbox"/>	Help providing transportation (<i>help with purchasing a car</i>) or figuring out public transportation
<input type="checkbox"/>	<input type="checkbox"/>	Someone to send care packages at college
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with purchasing cell phone and service (<i>for example, youth is added to a family plan</i>).
<input type="checkbox"/>	<input type="checkbox"/>	A place to do laundry
<input type="checkbox"/>	<input type="checkbox"/>	Supporting youth in civic engagement such as voting and volunteering

List has been modified and adapted from the FosterClub Permanency Pact (2006).

(E) Level of Youth Connections: Indicate your level of agreement with the following statements.

Circle the best response.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections	0	1	2	3	4
An adult has made a commitment to provide a permanent, parent-like relationship to you	0	1	2	3	4
You are living with an adult who has or plans to adopt you or become your legal guardian	0	1	2	3	4
You feel very disconnected from any caring adults	0	1	2	3	4

Office Use Only: Youth Name _____ Youth Date of Birth _____
 Worker Completing Form _____ Date of Completion of Form _____
 Form Completed: Within 30 Days of Placement Within 30 Days of Discharge Other
 Form Completed Without Youth at Discharge: Yes No If Yes, Explain: _____

Short-Term Housing Plan

Where are you staying **Right Now**?

- Own apartment/House
- With friends
- With Family
- Foster Family
- Camp ground
- In car
- Other _____

If you needed a place to stay **overnight**, name 1 person you could stay with

If you needed a place to stay for **up to a week**, name 1 person you could stay with

If you needed a place to stay for **up to 2 weeks**, name 1 person you could stay with

If you needed a place to stay for **up to a month**, name 1 person you could stay with

If you couldn't think of a person to stay with for any of the time periods above, ask Sam or Amanda to discuss this with you and brainstorm.

Housing resources within our community

Rental Assistance and Subsidized Housing

Evergreen Youth & Family Services Tel: 218-751-8223 (Housing services you can apply for until age 22 or 24 if you are pregnant/parenting)

BiCap Tel: 218-751-4631 (Housing services you can apply for at age 18+)

Red Lake Cap Tel: 218-679-1880

Bemidji Housing Redevelopment Authority Tel: 218-444-4522 (Apply for Section 8 Scat Site housing or Northland low-income apartments)

Leech Lake Housing Authority Tel: 218-335-8280

Red Lake Housing Authority Tel: 218-679-3368

Minnesota Chippewa Tribe (MCT) Tel: 218-335-8200

PREVENTION RESOURCES

Beltrami County Emergency Assistance for families Tel: 218-333-8200

Beltrami County Emergency Assistance for adults without children Tel: 218-333-8300

Leech Lake Tribal Referral Tel: 218-335-3236

Red Lake New Beginnings- Tel: 218-679-8350

Evergreen FHPAP Funds-Emergency Assistance to prevent eviction or other loss of current housing. Tel: 218-751-8223

Salvation Army Tel: 1-800-456-4483 or locally via Churches United at 218-444-1380

Churches United Tel: 218-444-1380

EMERGENCY SHELTER RESOURCES

Village of Hope Tel: 218-751-0722

Servants of Shelter (operated during winter months. Obtain voucher from BiCap, Police, or Village of Hope)

Peoples Church Tel: 218-444-8240

Red Lake Homeless Shelter Tel: 218-679-3451

Leech Lake Homeless Shelter Tel: 218-335-7271

*******Please remember you can access Drop-in services at Evergreen's 610 Patriot Drive Site, which include daily lunch, food bags, computers, housing/employment/benefits applications, access to free laundry, and shower facilities*******